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Men's Transitional House Silver City
1307 N. Swan St
Silver City, NM 88061

575-956-6242
575-956-6947

Taliferro, Miya

ID: 1000010739075 DOB: 7/10/1992

Use Note Creation Time

Clear Time

Set Date/Time

6/25/2023

9:21 PM

Progress Note (Non-Rx) (SPIN Supporting People In Need)

BEHAVIOR:

Her self care skills are intact. Her domestic skills are intact. Her relationships with family and friends are normal. She is performing normally at work. She has maintained sobriety. Anger has been well controlled. There have been no reported instances of impulsive behaviors. Miya has normal food and fluid intake. Miya has not been confused.

CONTENT OF THERAPY:

Recreational therapy was utilized with client to reduce stress levels and decrease depressive episodes. Goals to improve/maintain physical, cognitive, social, emotional, and spiritual functioning were discussed. Client states she is more confident in herself after session. PSS provided coaching by discussing emotional reactions to an event, discussing barriers and strengths.

THERAPEUTIC INTERVENTION:

Used Motivational Interviewing to explore the situation. Used active listening and reframing to build rapport. This session part of the therapeutic focus was on improving limit setting and boundaries. The main therapeutic techniques used this session were supportive.

MENTAL STATUS EXAM: Miya appears friendly, wary, attentive, communicative, casually groomed, normal weight, but appears anxious. There are no apparent signs of hallucinations, delusions, bizarre behaviors, or other indicators of psychotic process. Associations are intact, thinking is logical, and thought content appears appropriate. Homicidal ideas or intentions are denied. There are signs of anxiety. There are no signs of hyperactive or attentional difficulties. Miya's behavior in the session was cooperative and attentive with no gross behavioral abnormalities. The patient convincingly denies suicidal ideas or intentions.

LEVEL OF CARE JUSTIFICATION:

Miya continues to need outpatient treatment. She continues to exhibit symptoms of an emotional disorder that interfere with day to day functioning and requires continued treatment.

DIAGNOSES: The following Diagnoses are based on currently available information and may change as additional information becomes available.

Major depressive disorder, recurrent, mild, F33.0 (ICD-10) (Active)
Child in welfare custody, Z62.21 (ICD-10) (Active)
Housing instability, housed, with risk of homelessness, Z59.811 (ICD-10) (Active)
Problems related to other legal circumstances, Z65.3 (ICD-10) (Active)

H0038 Peer Support - TV

Time spent on this activity: 240 min Session start: 8:00 AM Session end: 12:00 PM

Service Location

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Audit Log

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7/12/23, 5:49 AM